

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME
APPLICATION FOR THE CHANGE OF MODE OF STUDY

1. The candidate is required to obtain the recommendation from the Supervisors (for Structure A only).
2. The candidate shall submit the form to the faculty.

PART I: TO BE COMPLETED BY THE CANDIDATE (Please circle the relevant)

FULL NAME: _____ ID NUMBER: _____

PROGRAMME: _____ FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB

For Structure A : M.Phil. (Mgmt.) / M.Eng.Sc. / M.Sc. (I.T.) /
M.Sc. (C.M.) / Ph.D. (Mgmt.) / Ph.D. (Eng.) / Ph.D. (I.T.) / Ph.D. (C.M.)

For Structure B & C : M.Eng (Tele) / M.Eng (Micro) / M.Eng (Photonics) /
M.Eng (Embedded System) / M.Eng(Advance Manufacturing Mgmt.) /
MBA / DBA / MKM with Multimedia / MKM (E-Learning Tech.) /
M.IT (Multimedia Comp.) / M.Comp.Sc. / M.IT (Info. Sys)

CAMPUS: CYBERJAYA/MELAKA/PSDC/OTHERS NATIONALITY: _____

MODE OF STUDY: FULL TIME/ PART TIME GENDER: MALE/FEMALE

DATE OF INITIAL REGISTRATION: ___/___/___ END OF CANDIDATURE: ___/___/___
dd mm yr dd mm yr

TITLE OF THESIS/DISSERTATION/PROJECT: _____

CHANGE OF MODE OF STUDY:

Full time to Part Time Part Time to Full Time

REASON FOR CHANGE:

SIGNATURE OF CANDIDATE: _____

DATE: ___/___/___
dd mm yr

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PART II (for Structure A only):

RECOMMENDATION FROM SUPERVISOR AND CO-SUPERVISOR (Kindly tick the appropriate)

SUPERVISOR

RECOMMENDED NOT RECOMMENDED

SUPERVISOR'S COMMENTS (If any):

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

CO-SUPERVISOR

RECOMMENDED NOT RECOMMENDED

CO-SUPERVISOR'S COMMENTS (If any):

NAME OF CO-SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

PART III: FOR FACULTY USE

Received and Verified by Faculty Manager/Assistant Manager:-

NAME: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

Date of Faculty R&D Committee meeting: ___/___/___
dd mm yr

PART IV: CALCULATION OF DURATION OF STUDY (FOR FACULTY USE – applicable for Structure A only)

(I) FULL TIME TO PART TIME

Maximum duration of study = $\frac{\text{Maximum period for part-time (in years)}}{\text{Maximum period for full-time (in years)}} \times \text{remaining period of candidature (in months)}$
(in months)

New end date of candidature: ___/___/___
dd mm yr

(II) PART-TIME TO FULL TIME

Maximum duration of study = $\frac{\text{Maximum period for full-time (in years)}}{\text{Maximum period for part-time (in years)}} \times \text{remaining period of candidature (in months)}$
(in months)

New end date of candidature: ___/___/___
dd mm yr

PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager:-

NAME: _____

SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

Note:

- (1) The Faculty shall send the form to IPS after the Faculty R&D Committee Meeting.
- (2) The Senate shall consider the Change of Mode of Study upon recommendation from the Faculty R&D Committee through the Board of Postgraduate Studies.